



# **TOWN OF HOPEDALE**

## **Board of Health**

78 Hopedale Street - P.O. Box 7  
Hopedale, Massachusetts 01747  
Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

### **REQUIREMENTS FOR DISPOSAL WORKS INSTALLERS PERMIT**

#### ***Submit to Board of Health:***

1. Completed Application Form
2. Copy of Mass. Hoisting License 2A
3. Copy of Worker's Compensation Insurance
4. Copy of Certificate of Liability Insurance
4. Copy of Installer's Permit from three (3) other towns
5. Fee  
\$200.00 (as of 7/17/2017)
6. Dig Safe Ticket Number



**TOWN OF HOPEDALE**

**Board of Health**

78 Hopedale Street - P.O. Box 7

Hopedale, Massachusetts 01747

Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

**APPLICATION FOR SEPTIC SYSTEM DISPOSAL WORKS  
INSTALLERS PERMIT  
Regulation 2.2 of Title 5**

*Please print:*

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) City/Town (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Hoisting Engineer License No.: \_\_\_\_\_

List Names of Persons Authorized to Perform Work Under Your Supervision:

\_\_\_\_\_

Address of installation/repair: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Dig Safe No.: \_\_\_\_\_

The applicant agrees not to engage in the construction, alteration, installation or repair of any individual sewage disposal system with first obtaining a Disposal Works Installer's Permit from the Board of Health.

I understand and have read fully the regulations of Title 5 as to the installation method and standards of construction. Further, I agree that I shall not place into service a new, altered or repaired individual sewage disposal system until the Board of Health, or its assigned agent, has issued a Certificate of Compliance indicating that said disposal system has been located, constructed, altered or repaired, in compliance with the terms of the permit and the requirements of Title 5 and Regulations of the Hopedale Board of Health.

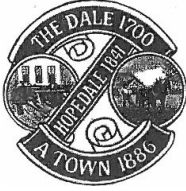
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Approved by BOH: \_\_\_\_\_  
Signature Title

Permit No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



# **TOWN OF HOPEDALE**

## **Board of Health**

78 Hopedale Street - P.O. Box 7  
Hopedale, Massachusetts 01747  
Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

### **SEPTIC INSPECTION REQUIREMENTS**

1. Installers shall not start construction of any system until receipt of an installer's permit from the Board of Health.
2. A copy of the approved plan shall be kept on site.
3. Installer must contact Board of Health office to request an inspection.
4. Inspection of the septic tank hole, showing 6' stone base, prior to setting the tank is required.
5. Inspection of the bottom of the leaching system prior to any fill material being brought in (regardless of whether there is a 5' over dig or not).
6. **Final inspections of all the components:** Systems shall not be backfilled until an "as-built" plan is received or verbal confirmation by the design engineer is acknowledged.
7. Final grading inspection will also now be required, prior to the issuance of a certificate of compliance.
8. Additional requirements may also be necessary in any particular situations.
9. Any deviation from the septic design plan will require that you notify the Health Agent.
10. All fill material shall be "homogeneous" septic sand, free of any material greater than 2" in diameter.
11. Backfill material over the system shall consist of material, which is free of stones and rocks greater than 6" in diameter.
12. Final cover above the system shall be graded so that the surface drainage is directed away from the system.
13. All system stone shall be double washed and will be checked on site by the Inspector prior to being put in place.

14. Three (3) inspections are covered under the \$600 septic plan review fee.
15. Any additional inspections will be charged at a fee of \$100 each. Board of Health office will contact installer to arrange payment of additional fees.
16. Certificate of Compliance will not be issued until all additional fees have been paid.
17. Certificate of Compliance will not be issued until Board of Health office has received an "As Built" of the plan.